

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Doctor's Name]
[Medical Facility Name]
[Facility Address]
[City, State, Zip Code]

Dear [Doctor's Name],

I hope this letter finds you well. I am writing to confirm my upcoming appointment for a Ventilation/Perfusion (VQ) scan scheduled for [insert date and time].

Please let me know if there are any specific instructions I need to follow prior to the procedure, such as fasting or discontinuing any medications. Additionally, I would appreciate any information regarding what to expect during the scan and the estimated time for the procedure. Thank you for your attention to this matter. I look forward to your response.

Sincerely,
[Your Name]